NAME OF EMPLOYEE		T&L UNIT	DIVISION OR	SECTION		DATE OF REQUEST		
Please deliver salary check as follows:  TO BE MAILED	DATE OF CHECK	FOR FI	NANCE USE O	NLY *CODED BY DATE		A uthorizations will be effective on the date requested or as soon		
TEMPORARY PERMANENT*	TO (Type or pr ●	int-include ZIP (	Code)	•		thereafter as possible.  If to be mailed, type complete name and address on TW O copies. Sign BOTH copies		
TO BE CALLED FOR  DUE DATE OF CHECK	-					If to be delivered to person other than payee, print name of		
SIGNATURE OF PAYEE		SIGNATURE	OF PERSON REC	EIVING CHECK <i>(0 ther than paye</i>	e)	person receiving check on ONE copy.		

VA FORM JUN 1993(R) 1301a

REQUEST FOR DELIVERY OF SALARY CHECK